Rockingham County Department of Community Development

SUBDIVISION APPLICATION

Date Received: Fee:		e:	Tra	Application Type: (check one)	
Time Received:					
Accepted By (initials			e: N		
~					
Subdivision Name: _					
Section Number (if ap					
Type of Plat: P	reliminary Fi	nal Const	ruction Plan Su	ıbmission Date:	
Contact Person :			Day	time Phone:	
Contact Person's Ad	ldress:				
	Daytime Phone:				
Developer's Address	s:				
Tax Map Number:					
Location:					
	nber of Lots: Type of Dwelling Units:				
INDICATE METHO	OD OF:				
Water Supply:	Community System	Public Water	Well Pr	ovider:	
Sewage Disposal:	Community System	Public Sewer	Septic System	Provider:	
♦ Please complete and	en (11) copies of the su d sign the preliminary oproval of the prelimina	plat submission re	equirements checkl	list submitted to this office for disbursement	

Please include one (1) copy of the subdivision on 8.5' x 11' paper